


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # M00000000365</b> 1. Entity Name TARPON CREEK L.C.		
Principal Place of Business 719 PONCE DE LEON DRIVE FT. LAUDERDALE, FL 33316	Mailing Address 719 PONCE DE LEON DRIVE FT. LAUDERDALE, FL 33316	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  COCKERILLE, MARYANN MGRM 719 PONCE DE LEON DRIVE FT. LAUDERDALE, FL 33316		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COCKERILLE, MARYANN 719 PONCE DE LEON DRIVE FT. LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COCKERILLE, JOHN P 719 PONCE DE LEON DRIVE FT. LAUDERDALE, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
SIGNATURE: <i>Maryann Cockerille</i> MARYANN COCKERILLE		4/12/06 954-764-3046
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
65-0935704

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

1100000509660  
11/28/06-80052-021 50.00

**DO NOT WRITE  
IN THIS SPACE**